



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 Lawrenceburg Road, Frankfort KY 40601
Phone: (502) 564-8963 Fax: (502) 564-4687



Out of State First Responder Certification Application

Fill in all Blanks that Apply:

Social Security Number: _____ Birth Date: _____ Sex (M/F) _____

Name: _____
(Last Name) (First Name) (Middle Name)

Address: _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Email address: _____

Years of Education: _____ High School Diploma _____ GED Certificate _____

Other Education: _____

EMT- First Responder Course # _____ Completion Date _____ Instructor _____

Course Location _____ Educational Institution _____

Name of Company Employed by: _____ Contact Person _____

Street _____ City _____ State _____ Zip Code _____

Work Phone Number: _____ Fax Number: _____

Office Use Only:

Check# _____
M.O.# _____
Amount \$ _____
Date Cert. _____
Cert. # _____
Exp. Date _____

All questions on this application must be answered. Failure to respond to these questions, this application shall be returned to you as incomplete:

1. Have you ever been convicted of a felony, pled guilty to a felony, entered into an alford plea to a felony, or participated in a diversion program for a felony? No _____ Yes _____
2. Have you ever been convicted of a misdemeanor or DUI?
(If yes, please provide a written explanation and a certified copy of court records). No _____ Yes _____
3. Have you ever been cited for a moving violation while operating an emergency medical vehicle?
(If yes, please provide a written explanation). No _____ Yes _____
4. Have you ever had a civil judgment entered against you arising from a situation(s) in which you were delivering or attempting to deliver medical care? No _____ Yes _____
5. Have you ever been in default on any school loans?
(If yes, please provide a written explanation). No _____ Yes _____
6. Have you at any time had your certification(s) or registration(s) as a First Responder been restricted, revoked, denied, suspended or expired? No _____ Yes _____
7. Do you use drugs, alcohol, or other controlled substances to the extent that it may affect your ability to perform the duties of a first responder? No _____ Yes _____
8. Do you have a physical, mental or other disability for which you are requesting a medical restriction or special accomodation under the Americans With Disabilities ACT (ADA) or a condition that would prevent you from safely performing the duties of a first responder? No _____ Yes _____
9. If you marked yes on any of the above questions, have you reported this to the KBEMS office? No _____ Yes _____

I hereby certify that the information provided on this application is complete and true to the best of my knowledge. I understand that knowingly supplying false information on this application is a violation of KRS Chapter 311A and subjects me to the full range of disciplinary action described therein. I further understand that my application can be returned to me incomplete if I failed to provide all information requested on this application.

Signature of Applicant

Date